

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

05289

CERTIFICATE OF DEATH

Reg. Dist. No. 2152

1. PLACE OF DEATH:

County Queen Anne
 City or town Rural Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Pete Wilson Broadway4. Sex Male 5. Color or race colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Annie Jones Broadway7. Birth date of deceased (mo., day, yr.) Jan. 8 - 1884 8. (c) If alive, give age 55 years8. AGE: Years 61 Months 4 Days 19 If less than one day hrs. min.9. Birthplace Stark Queen Anne Co. Md.

(Town, county, and state)

10. Usual occupation Farm hand

11. Industry or business

12. Name John Wesley Broadway13. Birthplace Queen Anne Co. Md.14. Maiden name Daisy Wilson15. Birthplace Queen Anne Co. Md.16. Informant Pete Richard BroadwayAddress Rural Centreville Maryland17. Burial Cremation Date thereof May 31 - 45
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or Chesterville Location Centreville Maryland18. Funeral director Tractor BoysAddress Centreville Md.19. 5-29- Date rec'd by registrar 1945 Elsie Armstrong

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Stark, rural Centreville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

213-24-1537

MEDICAL CERTIFICATION

2d. DATE OF DEATH May 29 1945 at 8 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Marie 1945 to May 27 1945and that I last saw her alive on May 15 1945

Immediate cause of death

Myocardial infarctusDue to chronic myocardial degeneration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

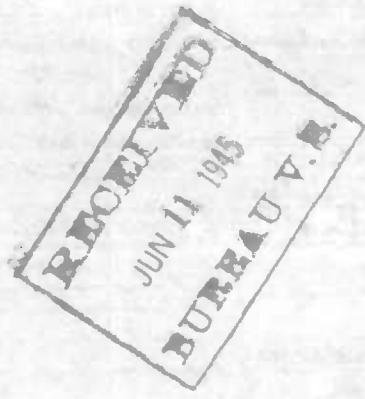
Means of Injury

Injured at work?

23. SIGNATURE Kurt Ederer M.D.

M. D. or other

Address Stark Ave Md Date signed 7/28



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

T
05281

251

Reg. Dist. No....

1. PLACE OF DEATH:

County.....

City or town.....

Queen Anne
Rural Church Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Harry Jacob Cole

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White Widowed

6.(b) Name of husband or wife.....

Mary E. Cole

7. Birth date of deceased (mo., day, yr.)

March 23 - 1881

6.(c) If alive, give age..... years

8. AGE:

Years Months Days If less than one day
64 1 20 hrs. min.

9. Birthplace.....

Centreville, Queen Anne, Md.
(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

Farm

12. Name.....

Wm. Henry Cole

FATHER

13. Birthplace

Penns.

14. Maiden name

Mary A. Hummel

MOTHER

15. Birthplace

Penns.

16. Informant.....

Harry Thomas Cole

Address

Centreville, Md.

17. Burial

Date thereof..... May 16, 1945
(Burial, cremation, or removal, which?)
(month) (day) (year)

Cemetery or crematory.....

Centreville Cem.

Location.....

Centreville, Md.

18. Funeral director.....

Edgar L. Lane

Address

Church Hill, Md.

19. Date rec'd by registrar

May 15, 1945

Edgar L. Lane

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Queen Anne

City or town.....

Rural, Church Hill

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 13, 1945 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from

May 7, 1945 to May 13, 1945

and that I last saw him alive on

Immediate cause of death.....

Cerebral Hemorrhage

Due to..... Hypertension

Duration..... 6 days

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

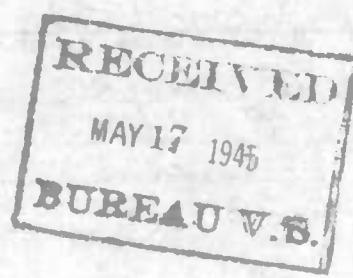
Means of injury.....

Injured at work?

23. SIGNATURE.....

M. or other

Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05282

CERTIFICATE OF DEATH

Reg. Dlat. No. 253

1. PLACE OF DEATH:

County Queen Anne
City or town Rance Chester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elence Salt

4. Sex

Male white widowed

5. Color or race

6.(a) Single, married, widowed, or divorced

B.(b) Name of husband or wife

Annie L. Johnson Beck

7. Birth date of deceased (mo., day, yr.)

August 15 - 1868

6.(c) If alive, give age years

8. AGE:

Years Months Days If less than one day
76 9 6 hrs. min.

9. Birthplace

Little Creek Landing Delaware

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Samuel E. Salt

12. Name

Dover Delaware

13. Birthplace

Mary Ellen Thompson

14. Maiden name

Morristown Franklin Co. N.J.

15. Birthplace

Buried

16. Informant

Stevensville Maryland

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

May 28 1945

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Rance Chester

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

11 2000 40

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 26 1945 at 1 A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 1944 to May 26 1945.

and that I last saw h. m. alive on May 26 1945.

Immediate cause of death

Carcinoma of stomach

Due to

Due to

Other conditions

None

DURATION
about
one
year

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Theodor Sattelmaier M.D.

M. D. or other

Address Stevensville Date signed 5/26/45



M

MARGIN RESERVED FOR BINDING

I

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05283

CERTIFICATE OF DEATH

Reg. Dist. No.

254

1. PLACE OF DEATH:

County Queen AnneCity or town Rural Greenbriar

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Madeline Buckner Moffett

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhiteMarried

6. (b) Name of husband or wife

George Monroe Moffett6. (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.)

September 22 - 1888

8. AGE:

Years 56Months 7Days 10

If less than one day

hrs. min.

9. Birthplace

Sweet Springs, Missouri

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

John Lee Buckner

MOTHER FATHER

12. Name

Kansas City, Missouri

13. Birthplace

Alice Smith

14. Maiden name

Kansas City, Missouri

15. Birthplace

George Monroe Moffett

16. Informant

"Blakesford" Greenbriar Maryland

Address

17. Burial

Date thereof May 5-45
(month day year)

(Burial, cremation, or removal. Which?)

Private

Cemetery or crematory

Location

"Blakesford" Greenbriar Maryland

18. Funeral director

Barton Bros

Address

Centreville, Maryland

19. Date rec'd by registrar

May 4 1945

(Date received by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Rural Greenbriar
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 31945 at 12:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 2 1945 to May 3 1945and that I last saw her alive on May 3 1945

Immediate cause of death

Rupture of Aortain St. Paul's CountyDue to Detaching AortaArteria Sclerous

DURATION

5 min3 hoursUnknown

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

C.R. Layton MD

M. D. or other

Address Centreville, MD Date signed 5-4-45

RECEIVED

MAY 7 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

15285

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH

County H. C. HomeCity or town Rutherford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs.Hospital, Institution, or street address where death occurred: H. C. HomeHow long in hospital or institution? 4 yrs.

3. (a) FULL NAME

Mariam Rees4. Sex m5. Color or race W.6. (a) Single, married, widowed, or divorced SingleRees8. (b) Name of husband or wife: Doris Rees7. Birth date of deceased (mo., day, yr.) Dec 20 19106. (c) If alive, give age years

8. AGE:

Years 78.

Months

Days

If less than one day

hrs. min.9. Birthplace: Thruway

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

12. Name: Doris Rees13. Birthplace: Thruway14. Maiden name: Doris Rees15. Birthplace: Thruway16. Informant: Mr. & Mrs. W. B. DerryberryAddress: Residence17. (Burial, cremation, or removal. Which?) Burial Date thereof 5-12-45

(month) (day) (year)

Cemetery or crematory: Rutherford C. HomeLocation: RutherfordChas. J. Head18. Funeral director: RutherfordAddress: Rutherford19. 5-11- 1945 Elsie Armstrong
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W.County RutherfordCity or town Rutherford

(If outside city or town limits, write RURAL and give nearest town)

Street No. 10

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 194521. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1945 to May 10 1945and that I last saw her alive on May 7 1945Immediate cause of death: PeritonitisPeritonitisDue to: HypertensionDue to: HypertensionOther conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.: Autopsy results:

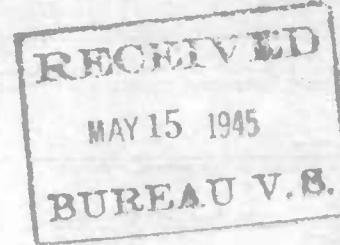
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of: Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury: Injured at work? 23. SIGNATURE: W. McPherson

M. D. nr number

Address: Rutherford, WsDate signed: 5/11/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 252

65284

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:

County Dover Anne
 City or town Piney Church Neck
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Walter Alfred Voshell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MalewhiteMarried

6. (b) Name of husband or wife

Annie Hart Voshell6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.)

December 7 - 1875

8. AGE:

Years 69Months 5Days 3

If less than one day

hrs.

min.

9. Birthplace

near Moore, Kent Co. Maryland

(Town, county, and state)

10. Usual occupation

Farmer & Machinist

11. Industry or business

W. A. VoshellKent Co. MarylandElla FarmerDelawareMrs Annie Hart VoshellCentreville, MarylandBurialDate thereof May 13-45(Burial, cremation, or removal which)(month day year)Cemetery or crematoryOstergafieldLocationCentreville, MarylandFuneral directorBarton BrosAddressCentreville, MarylandMay 12 - 1945Elie Armstrong(Date rec'd by registrar)Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dover AnneCity or town Centreville (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 10 1945 at 5:20 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to May 10 1945and that I last saw him alive on 19.

Immediate cause of death

Heart disease attack

DURATION

1/2 hour

Due to

Due to

Other conditions

Hypertension

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address Centreville Rd Date signed 5/12/45

